IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Scott G. Manke

Title:

CONTAINER CAP

Appl. No.:

/ Filing Date:

Examiner:

Art Unit:

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

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Carolyn Simpson

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> Scott G. Manke 1318 Grayhawk Way Sun Prairie, Wisconsin 53590

Enclosed are:

- [X] Specification, Claim(s), and Abstract (10 pages).
- [X] Informal drawings (4 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11).
- [X] Application Data Sheet (37 CFR 1.76).



The filing fee is calculated below:

	Claims		Included		Extra		Rate		Fee
	as Filed		in		Claims				Totals
			Basic Fee						
Basic Fee							\$770.00	=	\$770.00
Total	14		20	=	0	x	\$18.00	=	\$0.00
Claims:									
Independents	2	-	3	=	0	x	\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present: + \$290.00								=	\$0.00
Surcharge und	ler 37 CFR	1.16	(e) for late	filir	ng of	+	\$130.00	•	\$130.00
Executed Declaration								-	
:							SUBTOTAL:	=	\$900.00
[]		Sn	nall Entity l	Fees	Apply (subtr	act ½ of above):	=	\$0.00
_			_		T	OTA	L FILING FEE:	=	\$900.00

- [X] A check in the amount of \$900.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

3-1-04

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